SENDER:			
Comple' item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from 1877 1877 Yes		
1. Article Addressed to:	If YES, enter delivery address below: No		
LON THOMAS STAR STONE QUARRIES 4040 S 300 W SALT LAKE CITY UT 84107	JUN 1 4 2005 DIV. OF OIL, GAS & MINNG		
	3. Service Type Certified Mail Registered Insured Mail C.O.D.		
JB DOGM M/051/001 6/10./05	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number 7002 0510 0003 8603 3431			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

-T	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) JB DOCM M/051/001 6/10/05 E			
1E h E				
J.				
03	Postage	\$ NOV	MN-05-01-05(1)	
860	Certified Fee		Postmark	
ED	Return Receipt Fee (Endorsement Required)		Here	
E000	Restricted Delivery Fee (Endorsement Required)			
0570	Total Postage & Fees	\$		
0	Sent To LON THO	LON THOMAS - STAR STONE QUARRIES		
7002	Street, Apt. No.; or PO Box No. 4040 S 300 W			
70	City, State, ZIP+4 SALT LAKE CITY UT 84107			
Total Transport	PS Form 3800, January 2001 See Reverse for Instructions			